## L 18000 192734

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(City/State/Zip/Pflone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

Division of Corporations
SUBJECT: The Glass House Cleaning & Interior Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Shaun Brown Name of Person
The Glass House Cleaning & Interior Sesi
3500 Posner Blvd. #1353
Dailen port 71. 33337 City/State and 7.ip Code
the glass house company 1/2 agmail. com E-mail address: (to be used for future annual report hortification)
For further information concerning this matter, please call:
Shaun Brown #863, 730 4416
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee & □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee,  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
Mailing Address:  Registration Section  Street Address:  Registration Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Registration Section

**Division of Corporations** 

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT

11	<b>.</b>	
ARTICLES OF O	RGANIZATION	JAN-5 PH 4
0	F 2022	
	- 1423 3	IAN -5 D
The Class Huse Class	San San	PH 4:
The Glass House Clea		SIGN COUPE
(A Florida Limited L	ity as it now expense on our records.)	1,0 50 5747
	0,210,10	ELECT
The Articles of Organization for this Limited Liability Company	were filed on $8132018$ and ass	signed
Florida document number <u>L18000192734</u>	Į į	
Promos document number Promos 151		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Project 8 Interiors, U	<i></i>	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation	LLC."
	3500 Posner Blvd. \$	* 1353
Enter new principal offices address, if applicable:	Owenport, 71.338	27
(Principal office address MUST BE A STREET ADDRESS)	[menpor 7, 7]. 000	<u> </u>
	on Ray 388	
Enter new mailing address, if applicable:	parenort, 71. 338	21-
(Mailing address MAY BE A POST OFFICE BOX)	Descript, 71. 336	<u> 50</u>
maning and the many passes		
B. If amending the registered agent and/or registered office	eddress on our records, enter the name of th	ie new registered
B. If amending the registered agent and/or registered white		
egent and/or the new registered office address here:		
Name of New Registered Agent:		
Halle of the same		
New Registered Office Address:		<del></del>
	Palm Florida street address	

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

PRUISC-	Name	<u>Address</u>	Type of Action
MANAGER	Shaun Brown	3500 Posner Blvd. Davenport, 91. 33836	Sabel    Circinove
			Change
		<u>.</u>	□ Add
			Remove
	Ý		Change
			□ Add
<del></del>	Y		Remove
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	of tale 2		☐ Remove
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	A STATE OF THE STA		□ Add
			□Remove
			□Change
			□Add
			□Remove

D. I	Hustiness address: 3500 Posner Bwol # 1353
	Bussiness address: 3500 Posner BWOL # 1353  Owenport, 71. 33836
NEW	Mailing address: P.O. Box 388  Dovenport, 71. 33837
nkw	Email: project8intenordesign@gmail.com
F Ffford	ive date, if other than the date of filing:(optional)
(If an eff Note: docum	fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the tent's effective date on the Department of State's records.  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the tent's effective date on the Department of State's records.  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the tent's effective date on the Department of State's records.
record is file	
Dated_	Signature of a member or authorized representative of a member
	Shaun Brown Typed or printed flame of signee

Filing Fee: \$25.00